	FAI ENT	Effec		ber 1, 20		ion reco	RU	]	10/	01	9.59	4	
CLAIMS AS FILED - PART I SMALL ENTITY OTHER TO COlumn 1) (Column 2) TYPE OR SMALL EN													
TOTAL CLAIMS ~			7				_	RATE		7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC		FEE	OP.	BASIC FEE	<del></del>	
TOTAL CHARGEABLE CLAIMS			// minus 20=				X\$ 9	)			X\$18=	5/0	
INDEPENDENT CLAIMS			/ minus 3 =		-		X42=			OR			
ML	JLTIPLE DEPE	NDENT CLAIM P			П		X42	_		OR	X84=		
* 14	the difference	o in column 1 io	loop then				+140	=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	۱L		OR	TOTAL	890	
(Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 4	Minus	de	0	=	X\$ 9	.		OR	X\$18=	1	
	•		Minus			-	X42=			OR	X84=	/	
	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		+140:	-		OR	+280=		
								AL		OB	TOTAL	-e	
		(Column 1)		(Colum	nn 2)	(Column 3)	ADDIT. F			. ,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA	RATE		ADDI- TIONAL FEE	. 4	RATE-	ADDI- TIONAL FEE	
	Total	*	Minus	**		<b>-</b> .	X\$ 9=			OR	X\$18=		
	Independent		Minus	AAA		=.	X42=	7		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1		OR	+280=		
						•	TOTA			OR ,	TOTAL	· ·	
		(Column 1)		(Colum	nn 2)	(Column 3)	ADDIT. PE	-E <b>-</b>		• •	ADDII. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST BER JUSLY	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	44			X\$ 9=	1		OR	X\$18=		
	Independent	•	Minus	***		=	X42=	+			X84=		
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							╁		OR			
* 1	f the entry in colu	mn 1 is lace than th	ne entry in col:	ıma 2. write	"0" in col	umn 3.	+140=			OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL DDIT. FEE		
•	The "Highest Num	nber Previously Pai	d For (Total o	r Independe	nt) is the	highest number	found in the	appr	opriate box	in colu	ımn 1.		

FORM PTO-875 (Rev. 8/01)

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